MAXIMUS Federal Services

Case Number:	CM14-0126365		
Date Assigned:	08/13/2014	Date of Injury:	11/12/2006
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for reflex sympathetic dystrophy, chronic pain syndrome, and weight gain reportedly associated with cumulative trauma at work first claimed on November 12, 2008.Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; transfer of care to and from various providers in various specialties; and an attempted weight loss program.In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for a continued [redacted] weight loss program, citing lack of medical evidence. Non-MTUS Guidelines were invoked.The applicant's attorney subsequently appealed.In a February 6, 2014 progress note, the applicant reported 8-10/10 left foot, left ankle, and left hip pain. The applicant was represented and off of work "on disability," it was suggested. The applicant had a BMI of 35, based on a height of 5 feet 10 inches and weight of 247 pounds. The applicant was asked to continue a variety of medications, including Percocet, Cymbalta, Menthoderm, phentermine, Metanx, Zanaflex, Lidoderm, Senna, Oxycodone, Baclofen, Nucynta, and Subsys, it was stated. Authorization was sought for a left-sided stellate ganglion block procedure.In a May 15, 2014 pain management follow-up note, the applicant reported persistent complaints of left leg pain. It was again acknowledged that the applicant was off of work and had been deemed disabled. 8-10/10 pain was reported. The applicant's BMI was 39.5, it was stated, on this occasion, with a height of 5 feet 10 inches and weight of 275 pounds appreciated. A variety of medications were refilled. The applicant was asked to continue the [redacted] weight loss program.In an earlier note dated March 6, 2014, it was suggested that the applicant weighed 247 pounds at that point in time, with a resultant BMI of 35. The applicant was asked to continue the [redacted] weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Continued [redacted] Comprehensive Weight Control Program X 10 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/summary/summary.aspx?dcc_id=1108l&nbr-005844A search of the National Guideline Clearinghouse identified an article entitled "diagnosis and treatment of adult degenerative joint disease(DJD)osteoarthritis (OA) of the knee"

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Medscape, Obesity Treatment and Management article.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of applicant-specific risk factors, such as the weight loss program at issue here, may be "less certain, more difficult, and possibly less cost effective." While Medscape takes a more favorable opinion on weight loss programs, noting that a 12-week randomized trial found that commercially available weight loss programs are more successful than those programs led by primary care physicians. In this case, however, the applicant has had previous treatment via the [redacted] weight loss program, which has proven unsuccessful. The applicant has gained approximately 30 pounds since seemingly starting the [redacted] weight loss program. Continuing pursuit of a previously tried and failed program is not advisable. Therefore, the request is not medically necessary.